PTO/SB/22 (12-04)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Options	i) 7824030/28580	
FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			REDEIVE	
Application Number 10/840,124		Filed 5/6/2004	CENTRAL FAX CE	_
For Hook Lift Holst Adaptable for Use with Conf	ainers of Variab	ile Length	OCT 0 3 20	
Art Unit 3652		Examiner Charles	A. Fox	IUD
This is a request under the provisions of 37 CFR 1.136(a application.				
The requested extension and fee are as follows (check ti		and enter the appropria	ito (ee below):	
One month (37 CFR 1.17(a)(1))	<u>Fce</u> \$ 120	Small Entity Fee \$ 60	\$ <u>120.00</u>	
☐ Two months (37 CFR 1.17(a)(2))	\$ 450	\$ 225	\$	
☐ Three months (37 CFR 1.17(a)(3))	\$ 1,020	\$ 510	\$	
Four months (37 CFR 1.17(a)(4))	\$ 1,590	\$ 795	\$	
Five months (37 CFR 1.17(a)(5))	\$ 2,160	\$ 1,080	\$	
Applicant claims small entity status. See 37 CFF	R 1.27.			
A check in the amount of the fee is enclosed.				
Payment by credit card. Form PTO-2038 is attach	ed.			
The Director has already been authorized to charge fees in this application to a Deposit Account.				
The Director is hereby authorized to charge any fo	es which may be r	equired, or credit any o	verpayment,	
to Deposit Account Number 12-2250	I have enclos	ed a duplicate copy of t	his sheet.	
WARNING: Information on this form may become pu Provide credit card information and authorization on	blic. Credit card in PTO-2038.	formation should not be	included on this form.	
I am the applicant/inventor.				
assignee of record of the entire into Statement under 37 CFR 3.730	rest. See 37 CFR b) is enclosed. (Fo	3.71. orm PTO/SB/96).		
attorney or agent of record. Registr	alion Number <u>56</u>	201		
attorney or agent under 37 CFR 1.3 Registration number if acting under	4. 37 CFR 1.34	·		
Imily Alassia		September 5, 20	06	
Signature		Dote		
Emily E. Harris		515-288-2500 Telephone	Number	
Typed or printed name		•	i i	
NOTE: Signatures of all the inventors or assignees of record of the c than one signature is required, see below.	nliro interest or their rep	resemalive(s) are required. Si	ibmit multiple forms if more	
Total offorms are submitted				
This collection of information is required by 37 CFR 1.136(a). The information USPTO to process) an application. Confidentially is governed by 35 U.S.	of on is required to obtain C. 122 and 37 CFR 1.11 antication form to the US	n or retain a benefil by the public I and 1.14. This collection is o PTO. Time will vary dependin	ic which is to the (and by the slimpled to take 6 minutes to glupon the individual cauge. Any	

complete, including pathering, preparing, and submitting the complete apprearant for the GSF10. This way very depending open and preparing the comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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